

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
MONTHLY COBRA PREMIUM RATES FOR SUBSIDY ELIGIBLE QUALIFIED BENEFICIARIES
EMPLOYEES WHO WERE INVOLUNTARILY TERMINATED
SEPTEMBER 1, 2008 TO JUNE 30, 2009
ACTIVE PLANS
ALL BU'S EXCEPT BU12

With premium subsidy**

Benefit Plan	Type of Enrollment	COBRA Premium*	Employee Portion (35%)	Employer Portion (65%)
EUTF PPO (HMA) Medical Plan NMHC Prescription Drug	Self	\$278.82	\$97.59	\$181.23
	Two-Party	\$677.09	\$236.98	\$440.11
	Family	\$864.37	\$302.53	\$561.84
EUTF PPO (HMSA) Medical Plan NMHC Prescription Drug	Self	\$284.35	\$99.52	\$184.83
	Two-Party	\$690.49	\$241.67	\$448.82
	Family	\$881.48	\$308.52	\$572.96
EUTF HMO (HMSA) Medical Plan NMHC Prescription Drug	Self	\$307.15	\$107.50	\$199.65
	Two-Party	\$745.81	\$261.03	\$484.78
	Family	\$952.07	\$333.22	\$618.85
EUTF Supplemental (HMSA) Medical Plan NMHC Prescription Drug	Self	\$168.88	\$59.11	\$109.77
	Two-Party	\$410.32	\$143.61	\$266.71
	Family	\$524.08	\$183.43	\$340.65
EUTF High Deductible Medical Health Plan (HMSA) NMHC Prescription Drug	Self	\$210.47	\$73.66	\$136.81
	Two-Party	\$510.63	\$178.72	\$331.91
	Family	\$651.39	\$227.99	\$423.40
Kaiser Comprehensive (HMO) Medical Prescription Drug	Self	\$296.69	\$103.84	\$192.85
	Two-Party	\$720.01	\$252.00	\$468.01
	Family	\$919.63	\$321.87	\$597.76
Kaiser Basic (HMO) Medical Prescription Drug	Self	\$264.86	\$92.70	\$172.16
	Two-Party	\$642.69	\$224.94	\$417.75
	Family	\$820.98	\$287.34	\$533.64
Royal State Supplemental Medical Plan	Self	\$56.29	\$19.70	\$36.59
	Two-Party	\$139.61	\$48.86	\$90.75
	Family	\$157.45	\$55.11	\$102.34
EUTF Prescription Drug Only (NMHC)	Self	\$54.71	\$19.15	\$35.56
	Two-Party	\$132.74	\$46.46	\$86.28
	Family	\$169.34	\$59.27	\$110.07
RSN Chiropractic Plan	Self	\$1.46	\$0.51	\$0.95
	Two-Party	\$2.93	\$1.03	\$1.90
	Family	\$3.10	\$1.08	\$2.02
HDS Dental Plan	Self	\$28.80	\$10.08	\$18.72
	Two-Party	\$57.67	\$20.18	\$37.49
	Family	\$94.88	\$33.21	\$61.67
VSP Vision Plan	Self	\$6.16	\$2.16	\$4.00
	Two-Party	\$11.40	\$3.99	\$7.41
	Family	\$14.91	\$5.22	\$9.69

*If you are not eligible for the COBRA premium subsidy, this is your premium costs.

**For more information regarding the COBRA premium subsidy, please refer to "README FIRST" on this website.